## L2300042904/

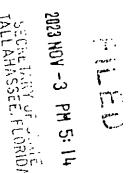
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Special Instructions to	Filing Officer:	

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## COVER LETTER

Division of Corporations
SUBJECT: Dipped by Ade LLC  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adelina Cyuz Name of Person
Deped by Ade Firm/Company
102 Starton Estates Circle
Wirter Garden, FL 34787 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Padelina CYUZ at (407) 864 - 0096  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Statu
Mailing Address:  Registration Section  Street Address:  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



October 24, 2023

ADELINA CRUZ DRIPPED BY ADE LLC 102 STANTON ESTATES CIRCLE WINTER GARDEN, FL 34787

SUBJECT: DIPPED BY ADE LLC Ref. Number: L23000429041

We have received your document for DIPPED BY ADE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00024648

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	te LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	i our records.)	
ne Articles of Organization for this Limited Liability Compa	any were filed on 91	14/2023 and	l assigned
orida document number <u>L23000429041</u> .			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited li	ability company here:		
e new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the abbreviation	n "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)			
	·		9
iter new mailing address, if applicable:			Z
ailing address MAY BE A POST OFFICE BOX)		(52) (52) (53)	<u>်                                    </u>
			7 1 1 1 T
			ណ់ <i>ក</i>
If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our reco	rds, enter the name of the	new registe
ent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	street address	<del></del>
		Double	
·	City	, Florida Zip Ci	ode
w Registered Agent's Signature, if changing Registered Age	nt:		

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Adelina Cruz	102 Stanton Estates Circle	XAdd
		winter Flarden, FL 34787	□Remove
			□Change
	<u></u>		🗆 Add
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Effective date, If an effective date	if other than the date of filing:	(optional) r more than 90 days after filing.) Pursuant to	605.0207 (
Note: If the dat	e inserted in this block does not meet the applicable statutory fictive date on the Department of State's records.	ling requirements, this date will not be	listed as
	cifies a delayed effective date, but not an effective ay after the record is filed.	e time, at 12:01 a.m. on the ea	arlier of
	10 2/2 42	TA!	
Dated	10.70.72	· (1)	202
Dated	Adolema Chia	LAH	10N 6203
Dated	Signature of a member or authorized representation	Se of a member	S='AON 6383
Dated	Signature of a member or authorized representate  Adelina Cyuz  Typed or printed name of signee	De of a member SEE L. F.	2023 NOV -3 PM

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